

Healthcare Facility Viral Hemorrhagic Fever Preparedness Checklist

November 22, 2022

Purpose

This tool is intended to guide frontline healthcare facilities in a review of their immediate care capabilities for patients suspected or confirmed to have a viral hemorrhagic fever (VHF) and to identify preparedness gaps for resolution. The Tennessee Department of Health (TDH) adapted this tool using resources from the National Emerging Special Pathogens Training and Education Center (NETEC).

Background

On September 20, 2022, the Uganda Ministry of Health and the World Health Organization confirmed a new outbreak of Ebola virus disease (EVD) in the Mubende district of Uganda in West Africa. The U.S. Centers for Disease Control and Prevention issued a health advisory on October 6, 2022, urging U.S. health care providers to be alert and prepared to evaluate patients suspected of having EVD, particularly among people who have recently traveled to affected areas in Uganda. All health care facilities are part of the frontline defense against the spread of disease, as patients will seek care in emergency departments, urgent care centers and clinics. Health care facility preparedness to care for patients with a viral hemorrhagic fever (VHF) is essential to prevent transmission to staff, other patients and our communities.

Identify

Identify is the first step of the Identify, Isolate, and Inform framework for health care facilities to quickly recognize and safely manage patients who have the potential to spread disease. Screening all patients upon entry to a facility for signs, symptoms, and epidemiological risk factors for VHF will facilitate early identification of a patient at risk for having the disease.

lde	Identify Readiness Items		
#	ltem	Status Yes or No	
1.	Screening for symptoms and travel history occurs at all points of entry to the facility including those arriving by EMS.	Yes □ No □	
2.	Signage is present at all points of entry into the health system to enable patients to self-identify travel history and any symptoms consistent with a VHF.	Yes □ No □	
3.	Staff have received training on the identify process including VHF signs and symptoms with travel history.	Yes □ No □	

Isolate

Isolate is the second step of the Identify, Isolate, and Inform framework for health care facilities to quickly recognize and safely manage patients who have the potential to spread disease. Rapid isolation allows infection prevention and control measures to be implemented to reduce exposure to staff, visitors, and other patients.

Isolate Readiness Items		
#	ltem	Status Yes or No
1.	Masks are available at all points of entry for patients entering the facility.	Yes □ No □
2.	An isolation space has been identified and:	Yes □ No □
2a.	Staff are oriented to its location.	Yes □ No □
2b.	The process for using the space has been developed and tested (e.g., moving out other patients or extra equipment, initiating negative pressure, if available).	Yes □ No □
2c.	A checklist has been developed to direct the preparation of the isolation space.	Yes □ No □
2d.	There is a private restroom or bedside commode with lid/cover available.	Yes □ No □
2e.	The isolation space is an AIIR, or a portable negative pressure unit is available if needed. If an AIIR is unavailable, a single patient room has been identified for use.	Yes □ No □
2f.	There is a process for communication to occur into and out of the room (Ex. dedicated phone, etc.).	Yes □ No □
2g.	There is a process to document which staff enter the isolation space.	Yes □ No □
3.	There is a plan for the internal transfer of a patient from the point of entry or triage area (if identified after intake) to the isolation space. The plan includes the following:	Yes □ No □
3a.	Ability to minimize personnel along the route to the isolation space.	Yes □ No □
3b.	Preparing the isolation space for the patient arrival.	Yes □ No □
3c.	Personnel who have been trained on the process.	Yes □ No □
4.	Staff who will work in the isolation area have been trained on special pathogen workflows and processes.	Yes □ No □

Inform

Inform is the third step of the Identify, Isolate, and Inform framework for health care facilities to quickly recognize and safely manage patients who have the potential to spread disease. The Inform process ensures efficient communication processes are in place to alert internal and external stakeholders to the presence of a person under investigation (PUI) for VHF.

Inform Readiness Items		
#	Item	Status Yes or No
1.	Key personnel internal to your facility (e.g., Infection preventionists, health care administrator, etc.) who will provide support and/or be involved in the care of a PUI have been identified.	Yes □ No □
2.	Key partners both internal and external to your facility, such as county health department and Tennessee Department of Health, have been identified and staff know who to inform. Contact TDH 24/7 at 615-741-7247.	Yes ☐ No ☐
3.	Contact information for internal and external key personnel is available in triage/internal protocols or is readily accessible.	Yes □ No □
4.	Staff who will inform key personnel are knowledgeable on the process, including what information to provide.	Yes □ No □

Personal Protective Equipment (PPE)

PPE ensembles worn during the care of patients suspected or confirmed to have a VHF must provide enhanced contact and droplet protection, should consider the condition of the patient, and the risk of exposure to blood and other potentially infectious materials posed by care tasks. Complex PPE ensembles require additional training to ensure staff safety and may require additional personnel to assist in doffing. The use of a trained observer is also recommended to ensure correct donning and safe doffing.

ensure correct donning and safe doffing.		
PPE Readiness Items		
#	Item	Status Yes or No
1.	Necessary PPE has been selected based on pathogen transmission and patient condition, e.g., wet vs. dry (See TDH PPE reference guide).	Yes □ No □
2.	Staff have received training on VHF PPE donning and doffing protocols.	Yes □ No □
3.	There is a dedicated clean space to don PPE and a separate safe space to doff PPE.	Yes □ No □
4.	There is an adequate amount of appropriate PPE available to provide care for at least 1 patient for up to 48 hours. See DASH tool <u>HERE</u> for guidance on determining facility PPE supply needs.	Yes □ No □
5.	A trained observer is utilized to monitor activities in the isolation room and donning and doffing of PPE.	Yes □ No □

Treatment and Care

The goal of caring for patients suspected or confirmed to have a VHF is to provide safe, effective, high-quality patient care while maintaining the safety of all personnel.

Tre	Treatment and Care Readiness Items		
#	Item	Status Yes or No	
1.	Reference guides and resources are readily available for staff in the event a PUI arrives at the facility.	Yes □ No □	
2.	The care interventions that can be safely provided for patients suspected or confirmed to have VHF have been discussed and clinicians are aware of how to safely offer care (e.g., diagnostic imaging, invasive procedures, specimen collection).	Yes □ No □	
3.	There is a plan to collaborate with public health to monitor personnel involved in the care of a patient with a confirmed diagnosis. TDH will provide consultation prior to collection or submission of samples.	Yes 🗆 No 🗀	
4.	Diagnostic testing for VHF pathogen will be done in coordination with the public health department.	Yes □ No □	
5.	If routine laboratory testing is required, dedicated point of care devices will be used.	Yes □ No □	
6.	The facility has access to resources for guidance on packaging and shipment of presumed category A specimens. TDH can provide resources as needed.	Yes □ No □	
7.	The facility is aware of available resources for decedent management and will seek support to conduct the process. TDH can provide resources as needed.	Yes □ No □	

Waste Management and Cleaning & Disinfection

Waste generated in the care of patients under investigation or patients with confirmed Ebola virus disease (EVD) is subject to procedures set forth by local, state, and federal regulations. Basic principles for spills of blood and other potentially infectious materials are outlined in the U.S. Occupational Safety and Health Administration (OSHA). Waste contaminated (or suspected to be contaminated) with Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation Hazardous Materials Regulations (HMR; 49 CFR, Parts 171-180). Requirements in the HMR apply to any material DOT determines is capable of posing an unreasonable risk to health, safety, and property when transported in commerce. The EPA maintains lists of registered disinfectants that should be used to destroy certain pathogens. For a list of disinfectants that are effective against the Ebola virus visit https://www.epa.gov/pesticide-registration/list-l-disinfectants-use-against-ebola-virus#check.

Waste Management and Cleaning & Disinfection Items Status # **Item** Yes or No There is a plan for the management of waste generated during the care of a person Yes □ 1. suspected or confirmed to have a pathogen and it includes the following: No □ Yes □ A secure designated waste holding area. 1a. No □ Yes □ 1b. Staff training on the waste management process including proper closure of the bags. No П Yes □ Secure packaging/containment of waste. 1c. No □ If required, a vendor licensed to transport category A infectious substance will transport Yes □ 1d. the waste for off-site inactivation. No □ Yes □ 2. There is an isolation area cleaning and disinfection plan that includes the following: No □ Yes 🗆 Guidance on the type of PPE to be worn when performing cleaning in the special pathogen 2a. No \square isolation area. A process to ensure an appropriate disinfectant has been selected and is available for use Yes 🗆 2b. that is effective against the pathogen. No П

Transportation

Patients suspected or confirmed to have a VHF may require transportation either to or from your facility. Having a plan in place will facilitate the movement of the patient in a manner that maintains safety for facility and transportation staff.

Transportation Readiness Items		
#	Item	Status Yes or No
1.	Facility staff have contact information for local and state public health to arrange for patient transfer. TDH can be reached 24/7 at 615-741-7247.	Yes □ No □
2.	Your facility has identified a specific location and established processes for the transfer of patient care between EMS personnel and facility personnel.	Yes □ No □